

NAME

PRISON IDENTIFICATION / BOOKING NUMBER

ADDRESS OR PLACE OF CONFINEMENT

NOTE: It is your responsibility to notify the Clerk of Court in writing of any change of address. If represented by an attorney, provide his name, address and telephone number.

**UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA**

FULL NAME

(Include name under which you were convicted)

Petitioner,

v.

NAME OF WARDEN, SUPERINTENDENT, JAILOR OR AUTHORIZED
PERSON HAVING CUSTODY OF PETITIONER

Respondent.

CASE NUMBER:

CV-

To be supplied by the Clerk of the United States District Court.

**PETITION FOR WRIT OF HABEAS CORPUS
BY A PERSON IN STATE CUSTODY**

28 U.S.C. § 2254

PLACE/COUNTY OF CONVICTION _____
PREVIOUSLY FILED, RELATED CASES IN THIS DISTRICT COURT
(List by case number)

CV-

CV-

CV-

(If petitioner is attacking a judgment which imposed a sentence to be served in the *future*, petitioner must fill in the name of the state where the judgment was entered. If petitioner has a sentence to be served in the *future* under a federal judgment which he wishes to attack, he should file a motion under 28 U.S.C. §2255, in the federal court which entered the judgment.)

INSTRUCTIONS - READ CAREFULLY

This petition shall be legibly handwritten or typewritten, and signed by the petitioner, under penalty of perjury. You must set forth **CONCISELY** the answer to each question in the proper space on the form. Any false statement of a material fact may serve as the basis for prosecution and conviction for perjury.

You must not attach separate pages to this petition, except that ONE separate additional page is permitted in answering Question No. 10.

Upon receipt of a fee of \$5.00 your petition will be filed if it is in proper order.

If you are seeking leave to proceed in forma pauperis (without paying the \$5.00 filing fee and other court costs), then you must also complete and execute the declaration on the last two pages, setting forth information which establishes your inability to pay the fees and costs of the proceedings or to give security therefor. If you wish to proceed in forma pauperis, you must have an authorized officer at the penal institution complete the certificate as to the amount of money and securities on deposit to your credit in any account in the institution. If your prison account exceeds \$25.00, you must pay the filing fee as required by the rule of the district court.

When the petition is completed, the original and two copies must be mailed to the Clerk of the United States District Court for the Central District of California, United States Courthouse, 312 North Spring Street, Los Angeles, California 90012, ATTN: Intake/Docket Section.

A single petition should be used to challenge a particular State Court judgment of conviction and/or sentence.

Petitions which do not conform to these instructions will be returned with a notation as to the deficiency.

PETITION FOR WRIT OF HABEAS CORPUS BY A PERSON IN STATE CUSTODY

28 U.S.C. § 2254

PLEASE COMPLETE THE FOLLOWING: *(Check appropriate number)*

This petition concerns:

1. ☐ A conviction.
2. ☐ A sentence.
3. ☐ Prison discipline.
4. ☐ A parole problem.
5. ☐ Other.

PETITION

1. Venue

- (a) Place of detention _____
- (b) Place of conviction _____
- (c) Place sentenced _____

2. Conviction on which the petition is based *(a separate petition must be filed for each conviction being attacked)*.

- (a) Nature of offenses involved *(include all counts)*: _____
- _____
- _____

- (b) Penal or other code section or sections: _____
- _____
- _____

- (c) Case number: _____

- (d) Date of conviction: _____

- (e) Date of sentence: _____

- (f) Length of sentence on each count: _____
- _____

- (g) Plea *(check one)*

- ☐ Not guilty
- ☐ Guilty
- ☐ Nolo Contendere

- (h) Kind of trial: *(check one)*

- ☐ Jury
- ☐ Judge only
- ☐ Judge alone on transcript

- (i) Did you testify at the trial?

- ☐ Yes ☐ No

3. Did you appeal from the conviction of sentence?

☐ Yes ☐ No

4. If you did appeal, give the following information for each appeal:

(a) (1) Name of court: _____

(2) Result: _____

(3) Date of result: _____

(4) Citation or number of opinion: _____

(5) Grounds raised (*list each*):

(a) _____

(b) _____

(c) _____

(d) _____

(e) _____

(f) _____

(g) _____

(b) (1) Name of court: _____

(2) Result: _____

(3) Date of result: _____

(4) Citation or number of opinion: _____

(5) Grounds raised (*list each*):

(a) _____

(b) _____

(c) _____

(d) _____

(e) _____

(f) _____

(g) _____

5. If you did not appeal:

(a) State your reasons _____

(b) Did you seek permission to file a late appeal?

☐ Yes ☐ No

6. Other than a direct appeal, have you previously filed any petitions, applications or motions with respect to this conviction in any court, state or federal?

☐ Yes ☐ No

7. If you answer to 6 was "Yes", give the following information:

(a) (1) Name of court: _____

(2) Nature of proceeding: _____

(3) Grounds raised: _____

(4) Result: _____

(5) Date of result: _____

(6) Citation or number of any written opinions or orders entered pursuant to each such disposition.

(b) (1) Name of court: _____

(2) Nature of proceeding: _____

(3) Grounds raised: _____

(4) Result: _____

(5) Date of result: _____

(6) Citation or number of any written opinions or orders entered pursuant to each such disposition.

(c) (1) Name of court: _____

(2) Nature of proceeding: _____

(3) Grounds raised: _____

(4) Result: _____

(5) Date of result: _____

(6) Citation or number of any written opinions or orders entered pursuant to each such disposition.

8. Was an evidentiary hearing held?

☐ Yes ☐ No

If so, state the name of the court, and the result: _____

9. If your answer to 6 was "No", explain briefly why you did not seek post-conviction relief in the state courts.

CAUTION: *Exhaustion Requirement:* In order to proceed in federal court, you must ordinarily first exhaust your state court remedies as to each ground on which you request action by the federal court. This means that even if you have exhausted as to some grounds, you must first present all other grounds to the state court.

10. State concisely every ground on which you claim that you are being held unlawfully. Summarize briefly the facts supporting each ground. If necessary, attach a **SINGLE** page only behind this page.

CAUTION: If you fail to set forth all grounds in this petition, you may be barred from presenting additional grounds at a later date. You must state facts, not conclusions, in support of your grounds. (e.g., if you are claiming incompetence of counsel you must state facts specifically setting forth what your attorney did or failed to do). A rule of thumb is - who did exactly what to violate your rights at what time or place.

(a) Ground one: _____

Supporting FACTS (tell your story BRIEFLY without citing cases or law):

(b) Ground two: _____

Supporting FACTS (tell your story BRIEFLY without citing cases or law): _____

(c) Ground three: _____

Supporting FACTS (tell your story BRIEFLY without citing cases or law): _____

(d) Ground four: _____

Supporting FACTS (tell your story BRIEFLY without citing cases or law): _____

11. If any of the grounds listed in 10 were not previously presented to this court or any other court, state briefly which grounds were not presented, and give your reasons: _____

12. Do you have any petition, appeal or parole matter pending in any court, either state or federal as to the judgment of conviction under attack?

☐ Yes ☐ No

13. Are you presently represented by counsel?

☐ Yes ☐ No

If so, provide name, address and telephone number: _____

Case name and court: _____

WHEREFORE, petitioner prays that the court grant petitioner relief to which he may be entitled in this proceeding.

Signature of Attorney (if any)

I declare (or certify, verify or state) under penalty of perjury that the foregoing is true and correct. Executed on

Date

Signature of Petitioner

(Petitioner)

**DECLARATION IN SUPPORT OF REQUEST
TO PROCEED IN FORMA PAUPERIS**

(Respondent[s])

I, _____, declare that I am the petitioner in the above-entitled case; that in support of my motion to proceed without being required to prepay fees, costs or give security therefor, I state that because of my poverty, I am unable to pay the costs of said proceeding or to give security therefor; that I believe I am entitled to relief.

1. Are you presently employed?

☐ Yes ☐ No

(a) If the answer is "yes", state the amount of your salary or wages per month, and give the name and address of your employer. _____

(b) If the answer is "no", state the date of last employment and the amount of the salary and wages per month which you received. _____

2. Have you received, within the past twelve (12) months, any money from the following sources:

(a) Business, profession or form of self-employment? ☐ Yes ☐ No

(b) Rent payments, interest or dividends? ☐ Yes ☐ No

(c) Pensions, annuities or life insurance payments? ☐ Yes ☐ No

(d) Gifts or inheritances? ☐ Yes ☐ No

(e) Any other source? ☐ Yes ☐ No

If the answer to any of the above is "yes", describe each source of money and state the amount received from each during the past twelve (12) months: _____

3. Do you own any cash, or do you have money in a checking or savings account?

(Include any funds in prison accounts)

☐ Yes ☐ No

If the answer is "yes", state the total value of the items owned: _____

4. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property?

(Exclude ordinary household furnishings and clothing)

☐ Yes ☐ No

If the answer is "yes", describe the property and state its approximate value: _____

5. List the persons who are dependent upon you for support, state your relationship to those persons, and indicate how much you contribute toward their support. _____

I declare (or certify, verify or state) under penalty of perjury that the foregoing is true and correct. Executed on

Date

Signature of Petitioner

CERTIFICATE

I hereby certify that the Petitioner herein has the sum of \$_____ on account to his credit at the _____ institution where he is confined. I further certify that Petitioner likewise has the following securities to his credit according to the records of said institution:

Dated: _____

Authorized Officer of Institution

Title of Officer